

# Early Childhood Care and Education Authority

Photo	Serial:
Filoto	Application form
	Registration of Assistant Teacher
Regis	tration period: January 2025 - December 2026
1. Name of School:	:
2. Address (School):	
3. Phone/Fax number:	
4. Name of Assistant Teach	er:
5. Title (Mr, Mrs, Ms)	:
6. Date Joined	:
7. Phone number –Home	:
8. Email address	:
9. Date of birth	:Age
10. Nationality	:
11. Work permit if (applicable)	:
12. National ID No.	:
13. Address –Home	:

14. Academic qualifications	14.	Acad	emic	qual	lifica	tions
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Qualification (SC 'O' Level or GCE 'O' Level)		GCE 'O' Level)	
Specify:			
Year:		Year:	
Grade	Subject	Grade	
		Specify:	

Qualification (HSC 'A' Level or GCE 'A' Level)		Qualification (HSC 'A' Level or GC	E 'A' Level)
Specify:		Specify: Year:	

#### 15. Professional Qualifications

Institution	Certificate awarded ( MQA Approved)	Dates/Year

1	6.	<b>Any</b>	other	qualifica	tions
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Institution	Certificate awarded	Dates/Year

#### 17. Record of service in pre-school sector

Name of pre-school Institution	FROM (year)	TO (year)	Position held

#### 18. Present employment

Self employed			
Employed by an individual			
r system system and a second			
Employed by an organization			
1 3 3			
Name of employer: (if applicable)			
1 0 11 ,			
Monthly salary:			
Contribution to NPS (where applicable):			
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### 19. Applicable for Pre-Primary School in the GIA Scheme Only

Bank Account Number	
Name of Bank	
Branch	

## 20. Statement from Manager

I	, Manager of
	hereby certify to the correctness of the
information provided in this application form.	
	Seal of School
Signature of Manager:	
Date:	
Statement of Assistant Teacher	
Itrue, complete and correct to the best of my knowledge	certify that the information given on this form is
Signature of Assistant Teacher: Dat	e: